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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>PM 9/3/06</i> Verified and Acknowledged <i>PM 9/3/06</i> Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS 11
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TITLE Agent for prevention and treatment of inflammatory bowel disease <i>amended by Examiner PM 7/23/07</i>				
FILING FEE RECEIVED 580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	